

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 09/845,856	
Substitute for Form PTO-875							
CLAIMS AS FILED - PART I						OR	
(Column 1)			(Column 2)			SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA				RATE	FEE
BASIC FEE (37 CFR 1.15(a))						<div style="display: flex; justify-content: space-between;"> <div> X \$ _____ = X \$ _____ = + \$ _____ = TOTAL </div> <div> OR OR OR OR OR </div> <div> OTHER THAN SMALL ENTITY RATE FEE X \$ _____ = X \$ _____ = + \$ _____ = TOTAL </div> </div>	
TOTAL CLAIMS (37 CFR 1.15(c))			minus 20 =				
INDEPENDENT CLAIMS (37 CFR 1.15(b))			minus 3 =				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED - PART II						OR	
(Column 1)			(Column 2)			SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	15	Minus	20	X	<div style="display: flex; justify-content: space-between;"> <div> X \$ _____ = X \$ _____ = + \$ _____ = TOTAL ADD'L FEE </div> <div> OR OR OR OR OR </div> <div> OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE X \$ _____ = X \$ _____ = + \$ _____ = TOTAL ADD'L FEE </div> </div>	
	Independent (37 CFR 1.16(b))	3	Minus	3			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
	8/16/04 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	3	Minus	20	X	<div style="display: flex; justify-content: space-between;"> <div> X \$ _____ = X \$ _____ = + \$ _____ = TOTAL ADD'L FEE </div> <div> OR OR OR OR OR </div> <div> OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE X \$ _____ = X \$ _____ = + \$ _____ = TOTAL ADD'L FEE </div> </div>	
	Independent (37 CFR 1.16(b))	3	Minus	3			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
	12/27/04 (EXX. Amnt) * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	-	Minus	-	X	<div style="display: flex; justify-content: space-between;"> <div> X \$ _____ = X \$ _____ = + \$ _____ = TOTAL ADD'L FEE </div> <div> OR OR OR OR OR </div> <div> OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE X \$ _____ = X \$ _____ = + \$ _____ = TOTAL ADD'L FEE </div> </div>	
	Independent (37 CFR 1.16(b))	-	Minus	-			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

This collection of information is required by 37 CFR 1.16. The information is required to obtain, or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

09/845,856
2001 8036

CLAIMS AS FILED - PART I

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

	(Column 1)	(Column 2)
TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20 =	*
INDEPENDENT CLAIMS	1 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	870

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

8/29/02

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	Minus	20	=
Independent	1	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

2/18/03

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	10	Minus	20	=
Independent	1	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

7/28/03

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	Minus	20	=
Independent	1	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.